

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <i>Joseph P. Schmitt</i>		COURT CASE NUMBER <i>04-10451 RWZ</i>	
DEFENDANT <i>Bethany Smith et al</i>		TYPE OF PROCESS <i>Civil Rights Action</i>	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Peter Allen</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>MCT - Cedar Junction So. Walpole MA</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	
<i>Joseph P. Schmitt M-80037</i> <i>3 Administration Road</i> <i>Brimsfield, MA 02324-3230</i>		RECEIVED U.S. MARSHAL SERVICE BOSTON, MA 2004 OCT 14 P 3:08	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

per Dept of Corrections
So. Walpole Street, Ste. 3
Walpole MA 02557 3195

Service should be
conducted per your

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*11-6-04***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>Nancy Salamea</i>	Date <i>10/14/04</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Cheryl Maher, paralegal

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <i>11/2/04</i>	Time <i>10:00</i> am
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Signature of U.S. Marshal or Deputy

Service Fee <i>90.00</i>	Total Mileage Charges (including endeavors) <i>138.7</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

11/2 - accepted service, will forward to Allen ES

DISTRICT OF

100-36860-202

Peter Allen
100 Cedar Junction
PO Box 100
So. Walpole, Ma 02071-0100

Joseph P. Schmidt, M-81137
MA. Treatment Center
30 Administration Road
Bridgewater, MA 02324-3230

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

Ami A. Wapian

(BY) DEPUTY CLERK

DATE _____

